

ATTESTATION OF PROSPECTIVE BUSINESS ENTITY MEMBER, OFFICER OR DIRECTOR

Carefully read and respond to each of the following questions. You should provide a "YES" answer even if you believe an incident has been cleared from your record. Willful misrepresentation of any fact required to be disclosed in any application or accompanying statement is a violation of law and a ground for disciplinary action against you and the business entity licensee.

For the purposes of this application, "convicted" includes, but is not limited to, having been found guilty by judge or jury or pled guilty or no contest to any felony charge. A "No" response is incorrect if applicant has had any conviction dismissed, expunged, pardoned, appealed, set aside or reversed, or had its civil rights restored, had a plea withdrawn or has been given probation, a suspended sentence or a fine, or successfully completed a diversion program. ALL applicants must complete this whole section.

NOTE: ADDITIONAL INFORMATION IS REQUIRED if you respond "YES" to any of the following. Please see the instructions on the reverse side.

Prospective Member, Officer or Director Last Name:		First Name:		Middle Name:	
Business Entity Licensee Name:				Business Entity AZ Insurance License #:	
A. Have you EVER been convicted of a felony?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
B. Have you EVER had any professional, vocational, business license or certification refused, denied, suspended, revoked or restricted, or a fine imposed by any public authority?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
C. Have you EVER withdrawn any application or surrendered any license to avoid any disciplinary action or the denial of a license?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
D. Have you EVER had any judgment, order or other determination made against you in any civil, administrative, judicial or quasi-judicial proceeding of any kind in any jurisdiction, including any criminal conviction, based on any of the following:					
1. Obtaining or attempting to obtain any type of license through misrepresentation or fraud?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Improperly withholding, misappropriating or converting any monies or properties received in the course of doing insurance business?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Intentionally misrepresenting the terms of an actual or proposed insurance contract or application for insurance?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Committing any insurance unfair trade practice or fraud?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Using fraudulent, coercive or dishonest practices in the conduct of business?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Demonstrating incompetence, untrustworthiness or financial irresponsibility in the conduct of business?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Forging another's name to any document related to an insurance transaction?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Aiding or assisting any person in the unauthorized transaction of insurance business?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Violating A.R.S. § 41-624(B) or (C), the prohibition of sharing commissions with a anyone other than the contractor or a person that has performed actual services for the contractor in connection with a bid involving the sale of insurance to the State?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Violating A.R.S. §§ 6-1410, 6-1412 or 6-1413, which establish requirements that relate to premium finance transactions?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. For any other cause?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
E. Are any civil, administrative, judicial or quasi-judicial proceedings of any kind, including any criminal proceedings, in which an indictment, criminal complaint or information has been issued naming you as defendant, currently pending against you in any jurisdiction based on any of the following:					
1. Obtaining or attempting to obtain any type of license through misrepresentation or fraud?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Improperly withholding, misappropriating or converting any monies or properties received in the course of doing insurance business?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Intentionally misrepresenting the terms of an actual or proposed insurance contract or application for insurance?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Committing any insurance unfair trade practice or fraud?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
5. Using fraudulent, coercive or dishonest practices in the conduct of business?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Demonstrating incompetence, untrustworthiness or financial irresponsibility in the conduct of business?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Forging another's name to any document related to an insurance transaction?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Aiding or assisting any person in the unauthorized transaction of insurance business?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Violating A.R.S. § 41-624(B) or (C), the prohibition of sharing commissions with a anyone other than the contractor or a person that has performed actual services for the contractor in connection with a bid involving the sale of insurance to the State?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Violating A.R.S. §§ 6-1410, 6-1412 or 6-1413, which establish requirements that relate to premium finance transactions?				<input type="checkbox"/> Yes <input type="checkbox"/> No	
11. For any other cause?				<input type="checkbox"/> Yes <input type="checkbox"/> No	

INSTRUCTIONS FOR FORM L-177

- 1. If you answered "YES" to one or more of the questions on the reverse, you must include**
 - a. a SIGNED statement describing **in detail** all incidents including (1) names of all parties involved, (2) dates and locations, (3) the names and localities of any courts and/or administrative agencies involved, (4) the disposition of each matter, (5) whether the conviction, plea or finding was for a felony, misdemeanor or open-ended charge; **and**
 - b. certified copies of any and all indictments, complaints, plea agreements, orders of conviction, notices of hearing or trial, sentencing orders, suspension/revocation orders and any other information which relates to each matter. If certified copies are not available, you must provide as a part of this application a letter from the clerk of the pertinent court or the official involved stating the records are not available and the reason.
- 2. You must submit a blue-outlined, matte-finish fingerprint card (Form FD-258) completed in black ink, accompanied by the FBI Fingerprint Card Processing Fee, if**
 - a. The business entity holds an Arizona resident insurance license or the business entity resides in a state that does not license business entities, AND
 - b. You do not hold an Arizona insurance license as a resident of Arizona.

Your fingerprints must be applied to the card by a professional fingerprinting technician. A list of Arizona fingerprinting technicians is located on the Department's Internet web site (www.id.state.az.us). If your fingerprints are not clear, if the card is bent or folded, or if there are stray marks or highlighting anywhere on the card, the card will be rejected, and you will be required to submit a replacement card.

The FBI Fingerprint Card Processing Fee, required by A.R.S. § 41-1750, is to pay the FBI to process your fingerprint card through the Automated Fingerprint Identification System (AFIS). The fee is not related to an amount you may be asked to pay by a fingerprinting service or law enforcement agency to have your fingerprints applied to a fingerprint card. **The FBI Fingerprint Card Processing Fee is \$29.00 as of January 1, 2005.** The FBI Fingerprint Card Processing Fee is set by the Federal Bureau of Investigations and is subject to change without notice. Applicants are encouraged to check the Department of Insurance web site (www.id.state.az.us) for up-to-date fee information prior to submitting license applications.

AUTHORIZATION AND RELEASE

Read the following and, if you agree, sign this page. This page must be signed for you to be eligible to act as a member, officer or director of a business entity that holds an insurance license in Arizona.

- Having filed this attestation, I, the prospective member, officer or director named on page 1 of this document, hereby consent to having an investigation made of my moral character, professional reputation and fitness for an insurance license. I agree to give any further information that may be required in reference to my past record.
- I also authorize and request every person, firm, company, corporation, governmental agency, court, association or institution having control of any documents, records and other information pertaining to me to furnish the Arizona Department of Insurance with any such information including documents, records, insurance department files including charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit the Arizona Department of Insurance, or any of its agents or representatives or my authorized insurers to inspect and make copies of such documents, records and other information.
- I release, discharge, and exonerate the Arizona Department of Insurance, its agents and representatives, the State of Arizona, my authorized insurers, and any person furnishing information pursuant to this Authorization and Release from and all liability that may arise from the investigation made by the Arizona Department of Insurance.
- I hereby attest that I have read and that I understand the foregoing. I certify that the answers, statements and information furnished in connection with this license application are true, correct and complete to the best of my knowledge and belief.

Full **Signature** of Prospective Member, Officer or Director
(include **FULL first, middle and last names**)